**DOST TNA Form 01**

APPLICATION FOR TECHNOLOGY NEEDS ASSESSMENT

| Name of Enterprise: | | |
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| Contact Person: | Position in the Enterprise: | |
| Office Address: | Tel. No. | Fax No. |
|  | E-mail Address: | |
| Factory Address: | Tel. No. | Fax No. |
|  | E-mail Address: | |
| Website: | | |

### **GENERAL AGREEMENTS:**

1. The applicant shall, at the earliest opportunity, make available to the DOST Regional Office No. III (DOST III) all information (manuals, procedures, etc.) required to establish the technology status of the selected core business functions and management systems;
2. If DOST III is not satisfied that all the requirements for business registration are complied with, it shall inform the applicant of the observed deficiencies before starting the assessment;
3. When the required inputs to the assessment are already supplied by the applicant, including Attachment A, the DOST III will assess the firm through the core business functions and management systems, whichever is applicable, to identify technology needs and verify compliance to standards vis-à-vis existing practices;
4. When the DOST III has completed the technology assessment, a report will be prepared on the results of the assessment with accompanying recommendations and opportunities for improvement. The report prepared will define the scope of activities, functions, management practices and locations assessed. The applicant shall not claim or otherwise imply that the report applies to other locations, product or activities not covered by the report;
5. The applicant agrees that the report will not be used until permission has been granted by the DOST III. Likewise, DOST III agrees to maintain the confidentiality of all information provided by the applicant regarding its product information, operational processes, parameters, and financial performance;
6. The applicant agrees that the receipt or acknowledgement of the report ends the assessment stage; any technical assistance ensuing from the recommendations of the report will be viewed as a separate project.

**UNDERTAKING**

**I agree to undertake and observe the above General Agreements as stipulated by the Department of Science and Technology Regional Office No. III.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature over Printed Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position in the Enterprise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

Attachment A

**Enterprise Profile**

| Name of Enterprise | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Production Site/Location | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Business Permit No. | | | | | | | | |  | | | | | | | | | | | | | Year Registered | | | | | | |  |
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| Brief Enterprise Background | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
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| Year enterprise was established: | | | | | | | | | | | | |  | | | | | | | Initial capitalization: | | | | | |  | | | |
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| Type of Organization: | | | | | | | |  | | Single proprietorship | | | | | | | | | | | | | | | |  | | | |
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|  | | | | | | | |  | | Cooperative | | | | | | | | | | | | |  | | |  | | | |
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|  | | | | | | | |  | | Partnership | | | | | | | | | | | | |  | | |  | | | |
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|  | | | | | | | |  | | Corporation | | | | | | | | | | | | |  | | |  | | | |
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|  | | | | | | | | | | |  | | Profit | | | | | | | | | |  | | |  | | | |
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|  | | | | | | | | | | |  | | Non-profit | | | | | | | | | |  | | |  | | | |
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| Enterprise Registration No. | | | | | | | | | | |  | | | | | | | | | | | | Year Registered | | | | |  | |
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| Classification according to capital (PhP) | | | | | | | | | | | | | | | | |  | Present capitalization | | | | | | |  | | | | |
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|  | |  | Micro (not more than P3M) | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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|  | |  | Small (more than P3M – P15 M) | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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|  | |  | Medium (more than P15M – P100 M) | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| Classification according to employment (number of employees) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | Micro (1 – 9) | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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|  | |  | Small (10 – 99) | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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|  | |  | Medium (100 – 199) | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| Number of Employees: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Direct Workers | | | | | | | | | | | | M:\_\_\_ | | F:\_\_\_ | | | | | | |  | | | | | |  | | |
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| Production | | | | | | | M:\_\_\_ | | | | | | | | F:\_\_\_ | | | | | | | |  | | | |  | | |
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| Non-production | | | | | | | M:\_\_\_ | | | | | | | | F:\_\_\_ | | | | | | | |  | | | |  | | |
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| Senior Citizen | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |  | | |
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| PWD | | | | | | | | | | | |  | |  | | | | | | | | |  | | | |  | | |
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| Indirect/Contract Workers | | | | | | | | | | | | M:\_\_\_ | | F:\_\_\_ | | | | | | |  | | | | | |  | | |
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| Total | | | | | | | | | | | | M:\_\_\_ | | F:\_\_\_ | | | | | | |  | | | | | |  | | |
| Business Activity: (please specify SECTOR and COMMODITY) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | Crop and animal production | | | | | | | | | | | | | | |  | | | Chemical products | | | | | | | | | | | |
|  | Forestry and logging | | | | | | | | | | | | | | |  | | | Pharmaceutical products and operation | | | | | | | | | | | |
|  | Fishing and aquaculture | | | | | | | | | | | | | | |  | | | Rubber and plastic products | | | | | | | | | | | |
|  | Food processing | | | | | | | | | | | | | | |  | | | Non-metallic mineral products | | | | | | | | | | | |
|  | Beverage Manufacturing | | | | | | | | | | | | | | |  | | | Fabricated metal products | | | | | | | | | | | |
|  | Textile Manufacturing | | | | | | | | | | | | | | |  | | | Machinery and Equipment (NEC) | | | | | | | | | | | |
|  | Wearing Apparel | | | | | | | | | | | | | | |  | | | Other transport equipment | | | | | | | | | | | |
|  | Leather manufacturing | | | | | | | | | | | | | | |  | | | Furniture Manufacturing | | | | | | | | | | | |
|  | Wood and wood products | | | | | | | | | | | | | | |  | | | ICT | | | | | | | | | | | |
|  | Paper and paper products | | | | | | | | | | | | | | |  | | | Others | | | | | | | | | | | |

| 1. Specific product or service the enterprise offers its customers: |
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| 2. Reasons why assistance is being sought: |
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3. Have you consulted any other individual/organization for any assistance?

|  | If Yes, which company/ agency? | | |
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|  | Please specify the type of assistance sought | | |
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|  | If No, why not? | |  |
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Organizational Structure



| 4. Enterprise’s plan for the next 5 years? |
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| Next 10 years? |
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| 5. Current agreements and alliances undertaken | |
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**BENCHMARK INFORMATION**

* **Production and Supply Chain**
* Raw Material

| **Raw Material** | **Source** | **Unit Cost (~~P~~)** | **Volume Used/Year** |
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* Production

| **Product** | **Volume of Production/Year** | **Unit Cost of Production (~~P~~)** | **Annual Cost of Production (~~P~~)** |
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* Existing Functional Production Equipment

| **Type of Equipment** | **Specifications** | **Capacity** | **No. of Units** | **Year Acquired** |
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* Production Problems and Concerns

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* Production Waste Management System

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* Production Plan

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* Plant Lay-Out



* Process Flow



* Inventory System

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* Maintenance Program

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* cGMP/HACCP Activities

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* Supplies/Purchasing System

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* **Marketing**
* Marketing Plan

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* Market Outlets and Number

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* Promotional Strategies

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* Market Competitors

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* Packaging

| * Nutrition Evaluation |  |
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| * Bar Code |  |
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| * Product Label |  |
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| * + Expiry Date |  |

* **Finance**
* Cash Flow or other related documents

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* Source(s) of capital/credit

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* Accounting System

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* **Human Resources**
* Hiring and Criteria

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* Incentives to Employees

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* Training and Development

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* Safety Measures Practiced

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* Other Employee Welfare

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* **Other Concerns**

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|  | Printed Name and Signature of Owner/Chair/Representative |  |  | Printed Name and Signature of PSTD |
|  |  |  |  |  |
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